

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28993

1. PLACE OF DEATH

County Greene
Township Center
City Greene

SEP 18 1934

Registration District No. 320

Primary Registration District No. 5443

File No. 9

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James H. Haynie St. 2nd Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? 78 yrs. 1 mos. 29 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Rosa Patton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 25 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

78

1

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Franklin Co Tenn

13. NAME

William H Haynie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

15. MAIDEN NAME

Margaret Lane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn

17. INFORMANT (ADDRESS)

Mr. F. T. Harrison
Box 240 Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Graceland Cem

DATE 8/25

19. UNDERTAKER (ADDRESS)

Walter H. Haynie
Box 240 Mo.

20. FILED

8/25, 1934 Lucy H. Haynie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 - 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him dead on 8 - 24, 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Drinking Carbalic Acid

1630

Other contributory causes of importance: 163

Name of operation _____ Date of _____

What test confirmed diagnosis? Necropsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Olas A. George, Coroner

(Address) Springfield Mo.

